der the Paperwork Reduction Act of 1995, no persons are required to res

PTO/SB/01 (08-03) Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted With Initial Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

pond to a collection of information	unless it contains a valid OMB control number.
Attorney Docket Number	2004-01
First Named Inventor	Ezekwe, Michael O.
COMP	PLETE IF KNOWN
Application Number	10/791,310
Filing Date	03/01/2004
Art Unit	1654
Examiner Name	

I hereby declare that:							
Each inventor's residence, ma	iling address, a	and citizenship are as	stated b	elow next to t	their name.		
I believe the inventor(s) name which a patent is sought on the			ventor(s)	of the subje	ct matter wh	nich is clain	ned and for
Food Compositions	Comprising	g Waterleaf Lea	ves and	d Methods	s of Using	g There	of
the enceification of which		(Title of the In	ivention)				
the specification of which							
is attached hereto							
OR							
was filed on (MM/DD/Y	YYY)	03/01/2004	as Unit	ed States Ap	plication Nu	ımber or P	CT International
Application Number 10	/791,310	and was amended	on (MM/E	DD/YYYY)			(if applicable).
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
			-! 44-	-4-5:1:6		07 CED 4	EC including for
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application							
and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority							
inventor's or plant breeder's recountry other than the United							
application for patent, inventor	r's or plant bree	der's rights certificat					
before that of the application of	n which priority					0 05 1	<u> </u>
Prior Foreign Application Number(s)	Country	Foreign Filing I (MM/DD/YYY		Prio Not Cla	rity aimed	Certified (Yes	Copy Attached?
<u> </u>		•		Γ	1		
				<u> </u>	┪		Ħ
				<u> </u>			
				L			
Additional foreign application	tion numbers ar	e listed on a supplen	nental pri	ority data she	et PTO/SB	/02B attach	ned hereto.

[Page 1 of 2]

[Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Custome	er Number:				OR	7	Corresp	oondence address below
Name Larry A. Schemmel									
Address Office of the Attorney General P. O. Box 1850									
City				State					ZIP
Jackson				мѕ	3				39215-1850
Country	Telephone			Fax					
U.S.A.		(601) 35	59-7600			(60	1) 359-	7774	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR:			etition l	has b	een filed	for this	s unsigr	ned inventor	
Given Name (first and middle [if any])					Family N				
Michael Obi				Ezekwe					
Inventor's Mechese	l Qiz	29 km	م	wings the same					Date July 20, 2004
Residence: City	State			Country C		Citizer			
Vicksburg	MS		U.S.A. U.S.A		U.S.A	.			
Mailing Address 123 Brookwood Drive									
City	State				ZIP				Country
Vicksburg	MS			39183		U.S.A.			
NAME OF SECOND INVENTO	R:				Αp	etition h	as bee	n filed f	or this unsigned inventor
Given Name (first and middle [if any])			Family Name or Surname			ne			
Samuel Ayuk					Besong				
Inventor's Signature Samuel A	yuk fee	mg							Date 7/20/04
Residence: City	State		Country		Citizenship				
Vicksburg	MS		U.S.	Α.			U.S.A	U.S.A.	
Mailing Address 675 Belva Drive									
City	State				ZIP			Count	ry
Vicksburg	MS				3918	30	·	U.S.A.	
Additional inventors or a legal re	presentative are bei	ng named on	the 1 s	uppleme	ntal she	eet(s) PTO	/SB/02A	or 02LR a	attached hereto.

PTO/SB/02A (08-03)

Approved for use through 08/31/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

City

ADDITIONAL INVENTOR(S) **Supplemental Sheet**

DECEARATION		Cuppionional		Page -	of1
Name of Additional Joint Inventor, if any:	· · · · ·	☐ A petition	has been filed for this	unsigned inv	ventor
Given Name (first and middle (if any)	-	Family Name or	Surname	·	
Patrick Emeka		Igbokwe	Cumame		
T direct Effects		1 3			
Inventor's Signature Patrick Emoka Sabekwe	·			Date 7/	20/04
Vicksburg Residence: City	MS State		S.A. Intry	U.S.A. Citizenship	
209 Kendra Drive Mailing Address					
Mailing Address	*				
Vicksburg City	MS State		39180 Zip	U.S.A. Country	
Name of Additional Joint Inventor, if any:	Oldio		has been filed for this		ventor
Given Name (first and middle (if any)			Family Name or	Surname	
Inventor's Signature		Date			
Residence: City	State		Country		Citizenship
Mailing Address					
Mailing Address					•
City	State		Zip	Country	
Name of Additional Joint Inventor, if any:		☐ A petition	has been filed for this	unsigned inv	ventor
Given Name (first and middle (if any)			Family Name or S	Surname	
Inventor's Signature		Date			
Residence: City	State		Country		Citizenship
Mailing Address					
Mailing Address			, -	· · · · · · · · · · · · · · · · · · ·	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Zip

Country

State

PTO/SB/81 (06-04)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Inder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

red to respond to a collection of infor	mation unless it displays a valid OMB control number.
Application Number	10/791,310
Filing Date	03/01/2004
First Named Inventor	Ezekwe, Michael O.
Title	Food Comp. Waterleaf
Art Unit	1654
Examiner Name	
Attorney Docket Number	2004-01

I hereby appoint:				\neg			
Practitioners associated with the Customer Number:							
OR	<u> </u>						
Practitioner(s) named bele	ow:						
Name			Registration Number				
Larry A. Schemmel			40,80	01			
		<u>.</u>					
	· · · · · · · · · · · · · · · · · · ·						
····							
as my/our attorney(s) or agent(s Trademark Office connected the) to prosecute the application identified rewith.	above, and to tra	ansact all business	in the Unite	ed States Patent and		
Please recognize or change the	correspondence address for the above	identified applica	ation to:				
			2.077 10.				
The address associate	d with the above-mentioned Customer I	Number:					
OR							
The address associate	ed with Customer Number:						
OR			_				
Firm or Individual Name	Larry A. Schemmel						
Address	Chief of the Atomey deficial						
Address	P. O. Box 1850						
City	Jackson	State	MS	Zip	39215-1850		
Country	U.S.A.						
Telephone	(601) 359-7600	Fax	(601) 359-7774				
l am the:							
Applicant/Inventor.							
	he entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SB/	96)					
SIGNATURE of Applicant o	r Assignee of Record (if assignee, put	t name, title and	company name in	the "Name'	" space below)		
Name Michael Obi Ezek	we ()						
Signature Mich evel							
Date 7/20	10H		Telephone	(601) 877	7-3949		
NOTE: Signatures of all the inventors forms if more than one signature is re	f or assignees of record of the entire interest equired, see below*.	or their represental	tive(s) are required. Su	ubmit multiple	e		
*Total of 3 f	orms are submitted.						

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

red to respond to a collection of infor	mation unless it displays a valid OMB control number.
Application Number	10/791,310
Filing Date	03/01/2004
First Named Inventor	Ezekwe, Michael O.
Title	Food Comp. Waterleaf
Art Unit	1654
Examiner Name	
Attorney Docket Number	2004-01

I hereby appoint:					
i nereby appoint.					
Practitioners associated v	with the Customer Number:			·	
OR					
Practitioner(s) named bel	ow:				
	Name		Registration	Number	
Larry A. Schemmel			40,8	301	
as my/our attorney(s) or agent(s Trademark Office connected the	 to prosecute the application identified a rewith. 	above, and to tra	nsact all business	in the United States Patent and	
Please recognize or change the	correspondence address for the above-i	identified applica	ation to:		
The address associate	ed with the above-mentioned Customer N	lumber:			
OR					
<u> </u>					
The address associate	ed with Customer Number:				
OR					
Firm or Individual Name	Larry A. Schemmel				
Address	Office of the Attorney General				
Address	P. O. Box 1850				
City	Jackson	State	MS	Zip 39215-1850	
Country	U.S.A.	1 51	(504) 050 554		
Telephone	(601) 359-7600	Fax	(601) 359-7774		
I am the:	•				
Applicant/Inventor.					
	he entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SB/9	(6)			
SIGNATURE of Applicant o	r Assignee of Record (if assignee, put	name, title and	company name in	the "Name" space below)	
Name Samuel Ayuk Bes	song	·			
	yuk Berng				
Date 7 / 2	20/04		Telephone	(601) 877-3949	
NOTE: Signatures of all the inventors forms if more than one signature is re	s or assignees of record of the entire interest of equired, see below*.	or their representat	ive(s) are required. S	Submit multiple	
▼ *Total of 3 f	forms are submitted.				

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

		PTO/SB/81 (06-04)
	A	pproved for use through 11/30/2005. OMB 0651-0035
		demark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are r		mation unless it displays a valid OMB control number.
	Application Number	10/791,310
POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Filing Date	03/01/2004
	First Named Inventor	Ezekwe, Michael O.
	Title	Food Comp. Waterleaf
	Art Unit	1654
	Examiner Name	
	Attorney Docket Number	2004-01

I hereby appoint:					
Петеру арропк.					
Practitioners associated v	Practitioners associated with the Customer Number:				
OR					
✓ Practitioner(s) named bel	ow:				
	Name	,	Registration	Number	
Larry A. Schemmel			40,8	301	
· · · · · · · · · · · · · · · · · · ·					
as my/our attorney(s) or agent(s Trademark Office connected the	 to prosecute the application identified algrewith. 	bove, and to tra	ansact all business	in the Un	ited States Patent and
Please recognize or change the	correspondence address for the above-io	dentified applica	ation to:		
	·		ano 13.		
The address associate	ed with the above-mentioned Customer No	umber:			
OR					
The odd-	· ··· Outlier at New York				
The address associated with Customer Number:					
OR					
Firm or Individual Name	Larry A. Schemmel				
Address	Office of the Attorney General				
Address	P. O. Box 1850				
City	Jackson	State	MS	Zip	39215-1850
Country	U.S.A.	·	· · · · · · · · · · · · · · · · · · ·		
Telephone	(601) 359-7600	Fax	(601) 359-7774		
I am the:					
Applicant/Inventor.					
	he entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SB/96	6)			
SIGNATURE of Applicant o	r Assignee of Record (if assignee, put r	name, title and	company name in	the "Nam	e" space below)
Name Patrick Emeka Ig					
Signature Patrick Emo	kasabokwe				
Date 7/20/04		of a supplemental	Telephone	(601) 87	77-3949
NOTE: Signatures of all the inventors forms if more than one signature is re	s or assignees of record of the entire interest or equired, see below*.	r their representat	tive(s) are required. S	iubmit multi	ple
*Total of 3 f	orms are submitted.				

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

ASSIGNMENT OF PATENT APPLICATION

WHEREAS, I (we),

Michael Obi Ezekwe, 123 Brookwood Drive, Vicksburg, MS 39183 USA, and Samuel Ayuk Besong, 675 Belva Drive, Vicksburg, MS 39180 USA, and Patrick Emeka Igbokwe, 209 Kendra Drive, Vicksburg, MS 39180 USA,

respectively and hereinafter referred to as the applicants, have invented certain new and useful improvements in:

Food Compositions Comprising Waterleaf Leaves and Methods of Using Thereof for which an application for Letters Patent has been executed:

Application No. 10/791,310 filed March 1, 2004; and

WHEREAS, Alcorn State University (hereinafter referred to as "ASSIGNEE"), having a mailing address and a business address at:

Alcorn State University Swine Development Center 1000 ASU Drive #1374 Alcorn State, MS 39096

is desirous of acquiring the full and exclusive right in and to said Invention and said application and the entire right, title, and interest in and to any and all Letters Patent which may be granted therefor in the United States and its territorial possessions and in any and all foreign countries;

NOW, THEREFORE, for and in consideration of the sum of FIVE DOLLARS (\$5.00), the receipt and sufficiency of which is hereby acknowledged, and for other good and valuable consideration, I (we), the applicants, by these presents do sell, assign, and transfer unto said ASSIGNEE the full and exclusive right in and to the said Invention in the United States and its territorial possessions and in any and all foreign countries, and the entire right, title, and interest in and to any and all Letters Patent which may be granted therefor in the United States and its territorial possessions and in any and all foreign countries and in and to any and all divisions, continuations, substitutions, renewals, and reissues thereof.

I (we) hereby authorize and request the Patent Office Officials in the United States and its territorial possessions and in any and all foreign countries to issue any and all of said Letters

Patent, when granted, to said ASSIGNEE as the assignee of my (our) entire right, title, and interest in and to the same, for the sole use and behoof of said ASSIGNEE and said ASSIGNEE's successors and assigns, to the full end of the term for which said Letters Patent may be granted, as fully and entirely as the same would have been held by me (us) had this Assignment and sale not been made.

I (we) hereby covenant that I (we) have the full right to convey the entire interest herein assigned and that I (we) have not executed, and will not execute, any agreement in conflict herewith.

Further, I (we) agree that I (we) will communicate to said ASSIGNEE or said ASSIGNEE's representatives any facts known to me (us) respecting said invention, and testify in any legal proceeding, sign all lawful papers, execute all divisional, continuation, substitute, renewal, and reissue applications, execute all necessary assignment papers to cause any and all of said Letters Patent to be issued to said ASSIGNEE, make all rightful oaths and generally do everything possible to aid said ASSIGNEE, and said ASSIGNEE's successors and assigns, to obtain and enforce proper patent protection for said Invention in the United States and its territorial possessions and in any and all foreign countries.

The undersigned hereby grant(s) the Office of the Attorney General of the State of Mississippi the power to insert on this Assignment any further identification, including the application number and filing date, which may be necessary or desirable in order to comply with the rules of the United States Patent and Trademark Office for recordation of this document.

IN WITNESS WHEREOF, this Assignment has been executed by each of the undersigned individuals on the date appearing by such individual's signature:

Michael Obi Ezekwe (Inventor)

DATE:

_, 2004

State of Mississippi County of Marion Ceffer

Before me personally appeared said Michael Obi Ezekwe, who acknowledged the foregoing instrument to be his free act and deed and also represented that he is authorized to execute this Assignment.

Notary Public	
My Commission expires: MISSISSIPPI STATEWIDE NOTARY PUBLIC MY COMMISSION EXPIRES MARCH 23, 2007 BONDED THRU STEGALL NOTARY SERVICE (Seal)	
Sommel Ayek Besong DATE: 7/20/04	2004
Samuel Ayuk Besong (Inventor) State of Mississippi County of Wassen Jefferson	
Before me personally appeared said Samuel Ayuk Besong, who acknowledged the foreinstrument to be his free act and deed and also represented that he is authorized to execute Assignment. Date:	going e this
My Commission expires: My Commission expires: CONDED THE USECURE (Seal)	

Attorney Docket Number:

2004-01

Patrick Emeka Igbokwe (Inventor)	DATE: July 20, 2004
State of Mississippi County of Warmen Sefferson	
Before me personally appeared said Patrick Eminstrument to be his free act and deed and also a Assignment.	eka Igbokwe, who acknowledged the foregoing represented that he is authorized to execute this
Date: July 20, 2004	Notary Public
My Commission expires: MISSISSIPPI STATEWIDE NOTABY PUBLIC	•

I:\ALCORNpatent\assignment.doc

JUL 2 3 2004 RECEIVED

OF MISSISSIPPI VOUCHER

07/13/04

JUL 2 1 2004

MDUT-LEGAL DIV.

TO: DEPARTMENT OF FINANCE & ADMINISTRATION

JACKSON, MISSISSIPPI

TO SETTLE CLAIM AS SHOWN BY INVOICE OR EVIDENCE OF CLAIM ATTACHED, ALL FOGOODS RECEIVED OR SERVICES RENDERED FOR THE USE AND BENEFIT OF THE STATE, CHARGEABLE AS FOLLOWS:

BATCH NUM:

FV NUMBER: PV 071 00000037299

PV DATE: ACTION: E

ACCTG PRD: PV TYPE: 1

COM

IP E

BUDGET FY: 04 SCH PAY DATE:

789.00

FORM 11.20.10 REV.

DOCUMENT TOTAL:

OFF LIAB ACCT: FA IND:
EFT FLAG: N
VENDOR CODE: V99071MISC 0 HIPAA FLA
VENDOR NAME: COMMISSIONER OF PATENTS HIPAA FLAG: N

SINGLE CHECK FLAG:

Y

ADDR1: P.O. BOX 1450 ADDR2: ALEXANDRIA, VA

22313-1450

ADDR3:

----REFERENCE-LN NO CD DEPT NUMBER

VENDOR INVOICE

SUB APPR ACTI ORG UNIT VITY FUND DEPT ORG

SUB PROJ/GEN REPT B/S NUMBER CATG ACCT. OBJ SRC OR.T REV

LN

ACCOUNT NUMBER

DESCRIPTION

AMOUNT

REC DATE I/D P/F LOC

01 61660 071-37299

3071 071 8030 2071 24

FILING FEES FOR PATENT

789.00 06302004

WARRANT #008818332 07/15/04

NAME	OF	DEPARTMENT:	ATTORNEY	GENERAL	 •

CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE CLAIM IS JUST, DUE, CORRECT AND UNPAID, THAT THE GOODS SOLD OR SERVICES RENDERED HAVE BEEN DELIVERED OR PERFORMED IN GOOD ORDER AND THAT ALL STATUTORY REQUIREMENTS COVERING THE PAYMENT OF THIS CLAIM HAVE BEEN COMPLIED WITH, AND I NOW REQUEST ISSUANCE OF DEPARTMENT'S DISBURSEMENT WARRANT IN PAYMENT THEREOF.

COUNTERSIGNED BY:	SIGNED BY:	1-1-	Ken
(IF REQUIRED) TITLE:	TITLE:	0.	~

DISTRIBUTION: DEFARTMENT OF FINANCE & ADMINISTRATION, VENDOR, DEPARTMENT